



RICHFIELD HIGH SCHOOL

INSPIRE. EMPOWER. EXCEL.

Guidance Office
Telephone #: 612/798-6120
Fax #: 612/798-6117

Student's Name

Date of Birth

Grade

Name of previous school

Street address, City, State, Zip Code

Phone

Fax

Dear Registrar:

In order to enroll this student in our school, please fax the following information to us as soon as possible. Thank you.

Please include:

1. Transcript/withdrawal grades
2. Amount of credit earned and key to your grading system
3. Educational tests
4. Health records
5. IEP, Special Education assessments and evaluation if applicable
6. Minnesota GRAD/MCA/ACT tests
7. Discipline record
8. Any other pertinent information

Please fax information to:

Guidance Office
Richfield High School
7001 Harriet Avenue South
Richfield, MN 55423-3000
Fax: 612-798-6117

Thank you for your prompt attention to this request.

Parent/Guardian's Signature

Date

IT IS NOT NECESSARY FOR A PARENT'S SIGNATURE TO BE INCLUDED IN A TRANSCRIPT REQUESTED TO ANOTHER SCHOOL. PER FEDERAL REGISTER, JUNE 17, 1976, PART II H.E.W. PRIVACY RIGHTS OF PARENTS AND STUDENTS. FINAL RULE OF EDUCATIONAL RECORDS. VOL. 41- #118 - 24674 #99.31 PRIOR CONSENT FOR DISCLOSURE NOT REQUIRED.